

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		10-16-00
O.I.P.E. CLASSIFIER	AS		10/21/00
FORMALITY REVIEW	DMC	67169	11/17/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Date
1	2/27/03
2	
3	✓
4	
5	✓
6	✓
7	✓
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9	✓
10	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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